

**Gwinnett County Public Schools  
K-12 ENROLLMENT FORM**

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE	
	School	FTE ID #
	Student ID #	GTID #

**STUDENT INFORMATION**

*Please print all information on this form*

**Student Name** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Suffix)

**Grade** \_\_\_\_\_ **Gender**  Male  Female **Preferred Name at School** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student's Birth State** \_\_\_\_\_ **Student's Birth Country** \_\_\_\_\_  
(MM) (DD) (YYYY)

**If the student was born outside of the USA, what date did the student first enter a U.S. school?**

(Example: 01/05/2017) \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer **both parts** of this two-part question.

*This information is required by federal regulations. As per federal requirements, if you choose not to complete all of this section, the school is mandated to identify and assign a race and/or ethnicity to the student through an observer identification process.*

**Is the student Hispanic or Latino? (Check only one)**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Please select the student's race(s) from the list below. (Check one or more that apply)**

- American Indian or Alaskan Native
- Hawaiian or Pacific Islander
- Asian
- White
- Black or African American

**Home Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing Address (if different than home address)** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**LANGUAGE BACKGROUND**

1. Which language does your child **best** understand and speak? \_\_\_\_\_
2. Which language does your child **most frequently** speak at home? \_\_\_\_\_
3. Which language do adults in your home **most frequently** use when speaking with your child? \_\_\_\_\_

*Please note that students whose home language is other than English are screened to determine their level of proficiency in English, in accordance with federal requirements.*

**CORRESPONDENCE LANGUAGE**

If possible, would you prefer to receive information in a language **other** than English?  No  Yes

If yes, what language would you prefer? \_\_\_\_\_

**ENROLLING PARENT/GUARDIAN INFORMATION**

Enrolling Parent/Legal Guardian		Additional Parent/Legal Guardian	
<b>Last Name</b>		<b>Last Name</b>	
<b>First Name</b>		<b>First Name</b>	
<b>Middle Initial</b>		<b>Middle Initial</b>	
<b>Relationship to Student</b>		<b>Relationship to Student</b>	
<b>Address</b>		<b>Address</b>	
<b>City</b>	<b>Zip Code</b>	<b>City</b>	<b>Zip Code</b>
<b>Home Phone Number</b>		<b>Home Phone Number</b>	
<b>Cell Phone Number</b>		<b>Cell Phone Number</b>	
<b>Work Phone Number</b>		<b>Work Phone Number</b>	
<b>E-mail Address</b>		<b>E-mail Address</b>	
<b>Active Duty U.S. Armed Forces</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Active Duty U.S. Armed Forces</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>U.S. Armed Forces Veteran</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>U.S. Armed Forces Veteran</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>Please check all boxes that apply for the above Parent/Guardian and Student relationship:</b> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/>	<b>Please check all boxes that apply for the above Parent/Guardian and Student relationship:</b> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Release To <input type="checkbox"/>
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### LIST OTHER GWINNETT COUNTY PUBLIC SCHOOL STUDENTS IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	SCHOOL ATTENDING

**MEDICATION NOTE:** The parent/legal guardian is responsible for transporting all medication to and from the school in the original, childproof container and the parent/legal guardian must provide a completed Administration of Medication Request form to the school prior to the administration of any medication. *Please indicate if you will allow the school to administer the following to this student:*

Acetaminophen (Tylenol):  No  Yes    Ibuprofen (Advil):  No  Yes

<b>Student Social Security Number</b> (Official Code of Georgia Annotated – OCGA 20-2-150) (SSN) _____ - _____ - _____  <b>Date Entered 9<sup>th</sup> Grade</b> (if applicable) _____ / _____ / _____ (MM)                      (DD)                      (YYYY)
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### EARLY LEARNING HISTORY/EXPERIENCE

(To Be Completed by Parents/Guardians of Elementary Only: Check the Boxes that Apply)

**Birth to 3 years old**  
 Home  Other Provider    Name of Provider \_\_\_\_\_ City, State \_\_\_\_\_

**Preschool (Program for 3 year olds)**  
 Home  Other Provider    Name of Provider \_\_\_\_\_ City, State \_\_\_\_\_

**Pre-K (Program for 4 year olds)**  
 Home  Other Provider    Name of Provider \_\_\_\_\_ City, State \_\_\_\_\_

### STUDENT ENROLLMENT HISTORY

Has this student previously attended another school within Gwinnett County Public Schools?  No  Yes  
 Has this student previously attended another school outside Gwinnett County Public Schools?  No  Yes  
**If yes, list all previously attended schools and list dates** (Example: 01/05/2010):

**Name of School/City/State** \_\_\_\_\_ **Dates of Attendance:** \_\_\_\_\_

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\_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

**Has this student missed two or more years of school since entering 1<sup>st</sup> grade?**     **No**     **Yes**

If yes, which grades? \_\_\_\_\_ (The years do not need to be consecutive)

**HAS THIS STUDENT RECEIVED ANY OF THESE SERVICES?**

**English to Speakers of Other Languages**     **No**     **Yes**

**Gifted**     **No**     **Yes**

**Speech**     **No**     **Yes**

**Special Education**     **No**     **Yes**

**IMPAIRED/HANDICAPPED ACCESS**

**Does the student or any immediate family member need assistance due to mobility impairment or require handicapped access?**     **No**     **Yes**

If yes, please specify need: \_\_\_\_\_

**SUSPENSION OR EXPULSION STATUS**

**Is this student currently serving a term of suspension or expulsion from another school?**     **No**     **Yes**

If yes, at what school and school district? \_\_\_\_\_

Reason for suspension or expulsion: \_\_\_\_\_

Date suspension or expulsion ended: \_\_\_/\_\_\_/\_\_\_

**Has this student been convicted of a felony criminal offense, or as a juvenile, been adjudicated of a designated felony as defined by Georgia law (O.C.G.A. Section 15-11-63)?**     **No**     **Yes**

Date student found guilty of the above offense \_\_\_/\_\_\_/\_\_\_ Sentence Imposed \_\_\_\_\_

The jurisdiction in which the conviction/adjudication occurred \_\_\_\_\_

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**TRANSPORTATION**

Will the student ride a Gwinnett school bus?     No     Yes

Address of afternoon bus drop-off if different than morning pick- up address:

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**BRANCH OUT**

Students who opt in to the BRANCH OUT program, a partnership between Gwinnett County Public Schools and Gwinnett County Library, will have full access to the print and digital resources of the county library system.

*I authorize GCPS to transfer pertinent information to the Gwinnett County Public Library for the purpose of issuing a full service library card to my child, once transferred; this data becomes the property of the GCPL*     No     Yes

**SIGNATURE**

**I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.**

*No student shall be denied enrollment in any public school of this state for declining to provide a Social Security number to the local unit of administration (LUA) or for declining to apply for such number.  
O.C.G.A. Section 20-2-150(d)*

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## PARENT PORTAL ADDITIONAL INFORMATION

Thank you for registering with the **Parent Portal**, a tool designed to enhance the communication and involvement of parents in their child's education in Gwinnett County Public Schools. The Parent Portal will allow online, timely, and secure access to review your child's progress in school by providing Internet access to grades, attendance, discipline, academic history, and standardized test results in a secure password protected environment. Below is additional information about the Parent Portal.

### **Availability**

- E-mails containing the User ID and login instructions will be distributed in September after the Labor Day holiday.

### **Activation Process**

- Your e-mail address serves as your User ID. **Please print clearly in the blocks.** Email addresses are restricted to 60 characters. Please submit the same email address for all children attending Gwinnett County Public Schools.
- Remember to check the box on the registration form if you would like your e-mail address used to receive information from the school system like e-newsletters and school closing notices.
- After your registration has been verified at your local school, you will receive an e-mail with the URL for the Parent Portal and a multi-digit number or token. It is recommended that you ***cut and paste*** the token per child when required.
- Once you reach the Parent Portal, you will create a password when you complete the online registration.

### **Privacy**

- All student data, user IDs, and passwords are encrypted and password protected.
- Schools verify parent/guardian status before granting access to student data.
- Be sure to destroy any printouts or documents with your child's data on it after use.
- Please keep your user ID and password confidential.

## STUDENT CLINIC CARD

**Stock # 90860**

Revised 03/09

Grade \_\_\_\_\_

**School: GRAYSON HIGH SCHOOL    School Year: 2017 - 2018**

Teacher \_\_\_\_\_

Bus# \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Parent / Legal Guardian Information

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Tel. #(home): \_\_\_\_\_

Tel.# Father (home): \_\_\_\_\_

Mother (work): \_\_\_\_\_

Father (work): \_\_\_\_\_

Mother (cell): \_\_\_\_\_

Father (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_

Doctor's Tel #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In the event the parent/guardian cannot be reached, the following are authorized to pick up my student

**Name**

**Relationship**

**Telephone**

I understand that in the event the parent/guardian cannot be reached, the school has my permission to take appropriate emergency action including calling 911. I understand it is also my responsibility to update the school as needed regarding any medical information which may impact my child during the school day.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

**PLEASE FILL OUT MEDICAL INFORMATION ON REVERSE SIDE**



List any **MEDICATIONS** taken routinely and reason taken

**Medications**

**Reason Taken**

**Emergency Medications:**

CURRENT MEDICAL CONDITIONS that the school staff should be aware of (such as asthma, seizure disorder, diabetes, bleeding disorder, heart or stomach problems, etc)

Does your student need a HEALTH PLAN sent home for you to complete in order for this condition to be managed at school?

No     Yes

**INITIALS**

List the **ALLERGIES** that your student has (such as food, insects, environmental, etc.):

Does your student need an allergy emergency plan for school?

No     Yes

**INITIALS**

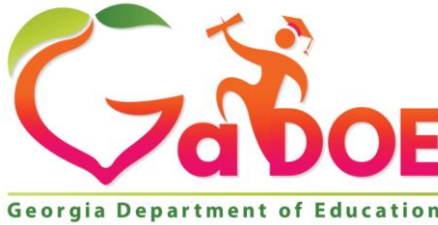
List others in your household attending GCPS schools

**Name**

**Relationship**

**School Attending**





**Richard Woods, Georgia's School Superintendent**  
"Educating Georgia's Future"

School District: Gwinnett County

Date Completed: \_\_\_\_\_

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive additional services under Title I, Part C**

Has your family moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No

If so, what is the date your family arrived in the city/town you reside? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank You!**

**Please return this form to the school**

*The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.*

**Note for the school/district:** When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440  
GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

# RECORDS RELEASE REQUEST

To: RECORDS CLERK

From: Grayson High School  
Tina Wood, Records

Re: Records

Date: \_\_\_\_\_

Number of Pages: 1

THIS FACSIMILE MAY CONTAIN  
CONFIDENTIAL AND PRIVILEGED  
INFORMATION. IF YOU GET IT BY  
MISTAKE, PLEASE DO NOT READ THE  
CONTENTS AND CALL 678-344-7570  
TO INFORM US. THANK YOU.

The below reference student is enrolling in the Gwinnett County Public School System. Please provide the requested information as indicated to expedite this enrollment process.

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First MI

Grade: \_\_\_\_

## School Requesting Information

**Grayson High School**  
**50 Hope Hollow Road**  
**Loganville, GA 30052**

770-554-1086 (Office)

770-554-7398 (Fax)

## School Releasing Information (Provided by parent)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

FAX \_\_\_\_\_

## Records Requested:

### OFFICIAL Transcript (Must be mailed)

Standard Educational Record

Immunization Certificate

Attendance History

Psychological Reports

Special Education Eligibility

HVD Certificate

Gifted Eligibility

Forms & IEP

Disciplinary Record

Standardized Test Reports

ESOL and ESL Record

Medical Reports

Other: \_\_\_\_\_

I hereby authorize the above referenced school to release all requested records to the requesting school without hesitation or delay.

Parent/Legal Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First MI

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_